

FORM NO. 5. MARGIN RESERVED FOR BINDING. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN N. No. 1. THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH
 County of Abbeville
 Township of Abbeville
 Inc. Town of
 City of
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

CERTIFICATE OF BIRTH
 STATE OF SOUTH CAROLINA.
 Bureau of Vital Statistics
 State Board of Health

File No.—For State Registrar Only
5585

Registration District No. 100 Registered No. 2
 (For use of Local Registrar)
 St.; Ward

(2) Full Name of Child William Columbus
 If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Boy
 (4) Twin or Triplet? Y
 (5) Number in order of birth 3
 (6) Are Parents Married? Yes
 (7) DATE OF BIRTH March 31 1915
 (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME Rufus Woods
 (9) PRESENT POSTOFFICE OF FATHER Abbeville R. 7 D.
 (10) COLOR OR RACE Negro
 (11) AGE AT LAST BIRTHDAY 23 (Years)
 (12) BIRTHPLACE Abbeville Co.
 (13) OCCUPATION Farmer
 (20) Number of children born to mother, including present birth Three

MOTHER.
 (14) NAME BEFORE MARRIAGE Ethel Bradley
 (15) PRESENT POSTOFFICE OF MOTHER Abbeville R. 7 D.
 (16) COLOR OR RACE Negro
 (17) AGE AT LAST BIRTHDAY 21 (Years)
 (18) BIRTHPLACE Abbeville Co.
 (19) OCCUPATION Housekeeper
 (21) Number of children of this mother now living, including present birth Three

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive, at 7:30 A. M., on the date above stated.
 (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Rufus Woods
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife Abbeville R. 7 D.

Given name added from a supplemental report
 191.....
 Registrar.

(26) Witness [Signature]
 (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed March 31 1915 (28) [Signature] Local Registrar.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

Registrar
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